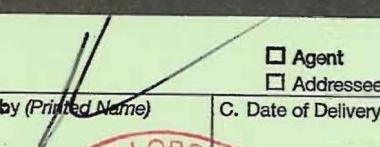
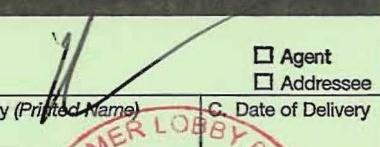




SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  X B. Received by (Printed Name) 	
1. Article Addressed to: <p>Law Department Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 2947 7094 2141 26		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7017 1450 0000 1052 2780 PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  X B. Received by (Printed Name) 	
1. Article Addressed to: <p>Law Department Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 2947 7094 2141 33		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7017 1450 0000 1052 2773 PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			

Monica Tuscano

From: Monica Tuscano
Sent: Thursday, September 14, 2017 10:30 AM
To: 'MDLImerysComplaints@gordonrees.com'; 'talccomplaints@coughlinduffy.com'
Cc: Kelly Reardon
Subject: Short Form Complaint-Susan Austin
Attachments: Ltr and SFC-Imerys service-Austin.pdf

Counsel:

Pursuant to Case Management Order No. 3, please accept service of the attached Short Form Complaint filed on behalf of our client, Susan Austin. Should you have any questions or concerns, please do not hesitate to contact our office.

*Monica Tuscano
Paralegal
The Reardon Law Firm, P.C.
160 Hempstead Street
PO Drawer 1430
New London, CT 06320
(860) 442-0444
(860) 442-6445 fax
mtuscano@reardonlaw.com*

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Monica Tuscano

From: MDL Imerys Complaints Mailbox [mdlimeryscomplaints@grsm.com]
Sent: Thursday, September 14, 2017 10:33 AM
To: Monica Tuscano
Subject: MDL Imerys Complaints Autoreply Message

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